

Marmottes Sassièrè / Marmots Sassièrè

no. ind = 1846

Date 10 06 / 20 13 Time 13 h 50 N° Capture 175 Mesureur / Handling _____

Group H Piège/Trap _____

Recapture année précédente previous year yes no même année same year 4^e

Marking	Transpondeur n° <u>6F3 F629</u>	Color
	Metal n° K294 Oreille / ear <u>OG</u>	
	Plastic n° <u>K294</u> Oreille / ear _____ color _____	
	Logger yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	

Age

M <i>Pup</i>	<input type="checkbox"/>
Y <i>Yearling</i>	<input checked="" type="checkbox"/>
2 ans <i>2 years old</i>	<input type="checkbox"/>
Autres <i>Other</i>	<input type="checkbox"/>

Sex	Male <input checked="" type="checkbox"/>	Scrotal	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>	unknown <input type="checkbox"/>			
	Female <input type="checkbox"/>	Allaitante <i>Lactating</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>	unknown <input type="checkbox"/>	Gestante <i>Pregnant</i>	yes <input type="checkbox"/>	no <input type="checkbox"/>

Status

Dominant yes no unknown

Measures

Masse corporelle / Body mass (g) 1150 g

L. mandibule / Jaw (mm) _____

L. Patte ant. / Forefoot (mm) _____

L. Cubitus / Ulna (mm) _____

L. Patte post. / Hindfoot (mm) _____

L. Tibia / Tibia (mm) _____

L. TC / Body length (cm) _____

Larg. Tête zygomatique / Zygomatic width (mm) _____

Larg. Bassin / Basin width (mm) _____

L. Incisives sup / Upper incisor (mm) _____

L. testicule / testes (mm) Droite / right _____ Gauche / left _____

Prélèvements / Samples

Crottes	yes <input type="checkbox"/>	no <input type="checkbox"/>	feces	
Poils	yes <input type="checkbox"/>	no <input type="checkbox"/>	hair	
Biopsie	yes <input type="checkbox"/>	no <input type="checkbox"/>	Biopsy	
TV (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Green tube	TV extract: nb: _____
TR (sang)	yes <input type="checkbox"/>	no <input type="checkbox"/>	Red tube	TR extract: nb: _____
Frotti	yes <input type="checkbox"/>	no <input type="checkbox"/>	Blood smear	
Eurytic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Eurytic	
Leucotic	yes <input type="checkbox"/>	no <input type="checkbox"/>	Leucotic	
Hématocryte	yes <input type="checkbox"/>	no <input type="checkbox"/>	Hématocryte	Htot: _____ Hred: _____
Phéromones J	yes <input type="checkbox"/>	no <input type="checkbox"/>	Jugal	
Phéromones B	yes <input type="checkbox"/>	no <input type="checkbox"/>	Bucal	
Phéromones A	yes <input type="checkbox"/>	no <input type="checkbox"/>	Anal	

Remarques / comments